

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10560901
	Filing Date	12/16/2005
	First Named Inventor	Hamid Sharim
	Title	ORTHOPEDIC CLAMPS
	Art Unit	3733
	Examiner Name	COMSTOCK, DAVID C
	Attorney Docket Number	1122_10_2_US_dmy

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	21 Sep 2010
Name	Shahar Peled	Telephone	+972 54 2234082
Title and Company	CEO		

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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